



Date: March 8, 2019

DMS Operations Memo 19-12

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services

Medicaid Applicants and Members Who Convert From Social Security Disability to Social Security Retirement Benefits

CROSS REFERENCE

- Medicaid Eligibility Handbook [Section 4.1 Who is Nonfinancially Eligible for Medicaid?](#), [Section 5.2 Determination of Disability](#), and [Section 5.10 Medicaid Purchase Plan Disability](#)
- Process Help [Section 25.1.1 Disability Page](#), [Section 9.4.1 Electronic Medicaid Disability Application to DDB](#), [Section 9.4.6 Redetermination – Manual](#), [Section 44.2.2.2 Social Security/SSI Income Queries](#), and [Section 44.3.3 Social Security \(SS\) Benefits](#)

EFFECTIVE DATE

Immediately

PURPOSE

This operations memo announces a change in policy regarding the disability determination requirements for Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid) applicants and members who begin receiving retirement benefits after receiving disability-related benefits from the Social Security Administration (SSA).

BACKGROUND

EBD Medicaid requires members to have been determined blind, disabled, or elderly in order to be non-financially eligible. For most types of EBD Medicaid, once a person with a disability turns age 65, a disability determination is no longer required because that person now meets the EBD Medicaid definition of elderly. However, Medicaid Purchase Plan (MAPP) eligibility requires a disability determination even if the person is age 65 or older. For all types of EBD Medicaid, a disability determination is still required if the person with the disability begins receiving Social Security Retirement (SSRE) benefits before reaching age 65.

Many EBD Medicaid applicants and members receive Social Security Disability (SSDI) or other disability-related payments from SSA that require a disability determination for eligibility. Income maintenance (IM) agencies use receipt of those payments as verification of the person's ongoing disability. However, when the person reaches an age when SSRE benefits begin, he or she will no longer receive SSDI or other disability-related payments.

Prior to the policy change announced in this memo, when a member with a disability stopped receiving disability benefits because he or she converted to receiving retirement benefits, the IM worker was instructed to check with SSA to determine if the member was still considered disabled. If the worker was unable to verify disability by contacting SSA, the member was required to complete a Medicaid Disability Application (MADA) to start the disability redetermination process. The policy and process are being changed for the following reasons:

- SSA may not have a diary date on file once a person's SSDI payments convert to SSRE. The previous policy and process caused increased workloads for IM workers and SSA staff and imposed an unnecessary burden on Medicaid applicants and members who had to gather documentation to newly prove a longstanding disability.
- The previous policy and process do not comply with federal regulations, which mandate that "an SSA disability determination is binding on an agency until the determination is changed by SSA" (42 C.F.R. § 435.541).

POLICY

An EBD Medicaid applicant or member whose SSDI or any other disability-related Old Age, Survivors and Disability Insurance (OASDI or Title II) benefits stopped because he or she began receiving SSRE is considered to have met the disability requirement for all types of EBD Medicaid, including the Medicaid Purchase Plan. A disability redetermination is not required.

Example 1: Ed is an EBD Medicaid member who was determined disabled 10 years ago and has been receiving SSDI since that time. When Ed turned 63, his SSDI payments changed to SSRE payments. The IM worker can see this change by querying SOLQ-I. Ed meets the disability requirements for EBD Medicaid and will not be required to provide any further verification or go through a redetermination of disability.

Example 2: Nancy was determined disabled 15 years ago and began receiving SSDI. Two years ago, her SSDI payments converted to SSRE payments. Nancy came into the agency this year to apply for the Medicaid Purchase Plan. Although Nancy was previously unknown to CARES, the IM worker was able to research her payments through SOLQ-I and see that, prior to receiving her SSRE payment, she was receiving SSDI. Nancy meets the disability requirements for the Medicaid Purchase Plan and will not be required to provide any further verification or go through a redetermination of disability.

Example 3: Fred was determined disabled 20 years ago. His SSDI payments recently converted to SSRE. Fred moved to Wisconsin and applied for the Medicaid Purchase Plan. The worker was unable to find evidence of this conversion through SOLQ-I. Fred provided a statement from his “My Social Security” account that shows his SSDI payment stopped and SSRE payments began. With this verification, Fred meets the disability requirements for the Medicaid Purchase Plan. He will not be required to provide any further verification or go through a redetermination of disability.

PROCESS

There are no system changes associated with this memo. This section instructs workers how to:

- Use case and data exchange information to determine if an EBD Medicaid applicant or member stopped receiving disability-related payments because of converting to SSRE.
- Update the Disability page to indicate that the applicant or member has a permanently verified disability determination.

DETERMINING IF AN APPLICANT OR MEMBER CONVERTED FROM SSDI TO SSRE

CURRENT EBD MEDICAID MEMBERS

For current EBD Medicaid members, the worker will receive alert 371: NEW SS INCOME ADDED when a member starts receiving SSRE income and CARES has received the information from the data exchange during monthly batch processing (see [Process Help Section 44.3.3 Social Security \(SS\) Benefits](#)).

The worker should look at the member’s Unearned Income Summary page after receiving this alert.

Unearned Income Summary											Cancel	Reset
KIDS Data Exchange / Child Support Income												
Individual						Last Payment Date						
No data found.												
Unearned Income												
Row	Individual	Begin Month	End Month	Last Updated	Delete Reason	Income Type	Seq	Monthly MA Amount	Monthly Converted Amount			
	IM DISABLED 66F PP	01/2019	01/2019	01/10/2019		SOCL SECRTY DISABLT/WAGE ERNR	6	\$867.00	\$867.00			
	IM DISABLED 66F PP	02/2019		01/10/2019		SOCIAL SECURITY RETIREMENT	5	\$877.00	\$877.00			

Figure 1 Unearned Income Summary

Figure 1 shows that this member has received both SSDI and SSRE payments. The member’s last SSDI payment was 01/2019 and the first SSRE payment is 02/2019. This member meets the disability determination requirement for EBD Medicaid eligibility and must not be required to provide any further verification or go through a redetermination of disability.

If a worker is unable to verify that the switch from SSDI to SSRE took place by looking at the Unearned Income Summary page, the worker should then query SOLQ-I to verify that the member’s payment

switched from SSDI to SSRE (see [Process Help Section 44.2.2.2 Social Security/SSI Income Queries](#)). If the worker is still unable to verify the change from SSDI to SSRE, then verification must be requested. The member can provide a copy of the letter received from SSA as described in the New EBD Medicaid Applicants section.

NEW EBD MEDICAID APPLICANTS

For new EBD Medicaid applications where the applicant currently receives SSRE, but a disability determination is still required for eligibility because the applicant is applying for the Medicaid Purchase Plan or is younger than age 65, the worker should query SOLQ-I to verify that the applicant's payment switched from SSDI to SSRE. If the worker is unable to find evidence of the conversion through SOLQ-I, the worker must request verification from the applicant. The applicant can provide a copy of the letter received from SSA (example below) confirming the change in payment type.

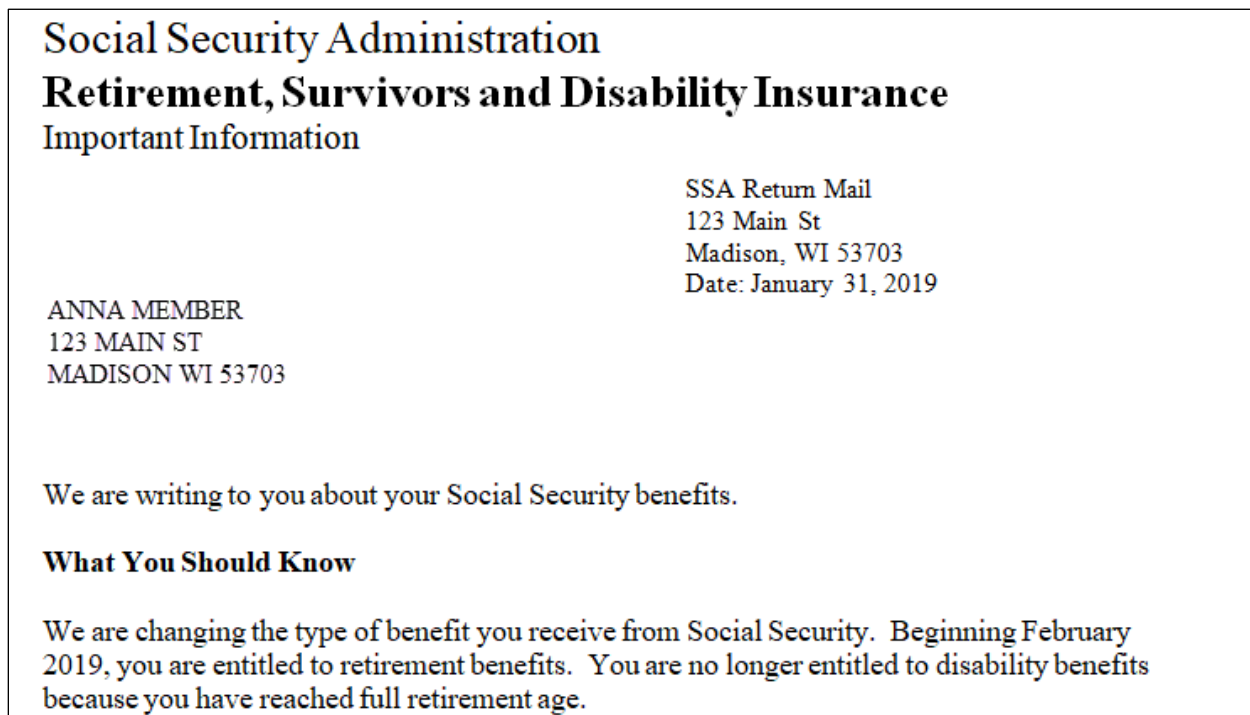


Figure 2 Informational Letter From SSA

UPDATING THE DISABILITY PAGE

Once the worker verifies that the SSDI or other disability payment converted to SSRE, the worker should create or update the Disability page as follows:

1. Select **Yes** for the Has individual been established disabled by Disability Determination Bureau?
2. Select **DE – DATA EXCHANGE** for the verification.
3. Clear the **Diary Date** field.
4. Document the actions taken in case comments.

The screenshot displays the 'Disability' page in a software application. On the left is a 'Navigation Menu' with 'Disability' highlighted. The main area contains several sections: 'Effective Period' with 'Begin Month' set to 01/2015 and 'End Month' as MM/YYYY; 'Additional Information' with questions about DDB establishment (e.g., 'Has individual been established blind by Disability Determination Bureau?' set to 'No', 'Has individual been established disabled by Disability Determination Bureau?' set to 'Yes' with verification 'DE - DATA EXCHANGE'); 'Disability Determination Bureau (DDB) Application Status' with 'Send Medicaid Disability Application?' set to 'No'; 'Disability Dates' with 'Onset Date' as 06/01/2003 and 'Diary Date' as MM/DD/YYYY; 'FS Work Registrant/ABAWD Exemption' with 'Is this individual currently physically or mentally incapable of working?' set to 'Yes' (verification 'DE - DATA EXCHANGE'); and 'FS-E' with a question about meal preparation. A footer bar includes 'Enter New Begin Month: MM/YYYY'.

Figure 3 Disability Page

If the worker verifies there is no disability determination from SSA because data exchange information indicates that the applicant or member either never received disability payments or was determined no longer disabled and stopped receiving disability benefits prior to receiving SSRE benefits, the worker should follow the instructions in [Process Help, Section 9.4.1 Electronic Medicaid Disability Application to DDB](#), or [Process Help, Section 9.4.6 Redetermination – Manual](#), as appropriate.

CONTACTS

BEPS CARES Information and Problem Resolution Center